ENVELOPE JUL 3 1 200

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Internal Revenue Service				
Part I General Information		Em	ployer identification number	
1 Name of organization				
California Coalition o	<u>of Nurse Prati</u>	tioners PAC 68	1 000/1/3	
2 Mailing address (P.O. Box or number,	te number)	8-1457553		
1127-11th Street, Sui	te 300	<u> </u>	<u></u>	
City or town, state, and ZIP code Sacramento, CA 95814				
3 E-mail address of organization				
4a Name of custodian of records		Custodian's address		
4a Name of custodian of records		1127-11th Street, Suite 300		
J. Richard Eichman		Sacramento, CA 95814		
5a Name of contact person		5b Contact person's address		
Sa Hamo Si Samuel Paris		1127-11th Street, Suite 300		
		05014		
J. Richard Eichman		Sacramento, CA 95814		
6 Business address of organization (if d	ifferent from mailing ad	dress shown above). Number, street, and room	or state number	
City or town, state, and ZIP code				
Part II Purpose				
7 Describe the purpose of the organizat	andidates			
To support or oppose	Caraca			
			••••	

Part III List of All Related Ent	ities (see instruction	ons)		
8a Name of related entity	8b Relationship	8c Address		
		2300 Bethards Drive, S	huite K	
California Coalition of		2300 Bethards Drive, c		
Nurse Practitioners	Sponsor	Santa Rosa, CA 95405		
Nurse Flacticioners	- I			
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Application is				
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Important consistency and approximately a constitution of the cons	·			

For Paperwork Reduction Act Notice, see page 4.

	gh Titio 9c Address		
9a Name	JU TING		
		1127 11th Street, Suite 300	
J. Richard Eichman	Treasurer	Sacramento, CA 95814	
D. Richard Habitan			
Under penalties of perjury, I de Revenue Code, and that I have it is true, correct) and complete	examined this motice, including ac	in Part I is to be treated as an organization described in section 527 of the Intern- companying schedules and statements, and to the best of my knowledge and belie	
XIM A	1	July 31, 2000	
Signature of authorized	official	Oate	
Here	Φ	Form 8871 (7-2000	